



Washington State
**Department
of Social
& Health
Services**

Mental Health System Transformation Initiative Implementation

October 19 Task Force Meeting

Part 1: Background

Challenges Facing the 2006 Legislature

- Decreasing community psychiatric inpatient capacity
- State hospital waiting lists
- Court rulings in September 2005
 - No wait for transfer of 90/180 ITA patients
 - Failure to follow proper procedures for assessing “liquidated damages”



Part 1: Background (cont'd)

Legislative Approach

- Clarified roles of State & RSNs related to community and state hospital care
- Time limited investment in State Hospital capacity to deal with inpatient access issues
- Investment in enhanced community resources to reduce reliance on state hospitals
- Long term planning



Part 2: Key Provisions of 2SSB 6793 & Budget Initiatives

Responsibility for 90/180 Commitments

- Increased state hospital beds to meet court ruling
- Requires state hospital bed allocation to RSN
- State is financially responsible up to funded capacity
- Directs RSNs pay for exceeding allocated bed days
- Re-directs portion of funds collected by RSNs to other RSNs using less beds than allocated



Part 2: State Hospital Changes

State Hospital Increases 2005-2006

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
30					30					30				30			30
Forensic																	
WSH																	
30 Bed Temporary Pierce Contract																	
										12			30				
ESH										Forensic							

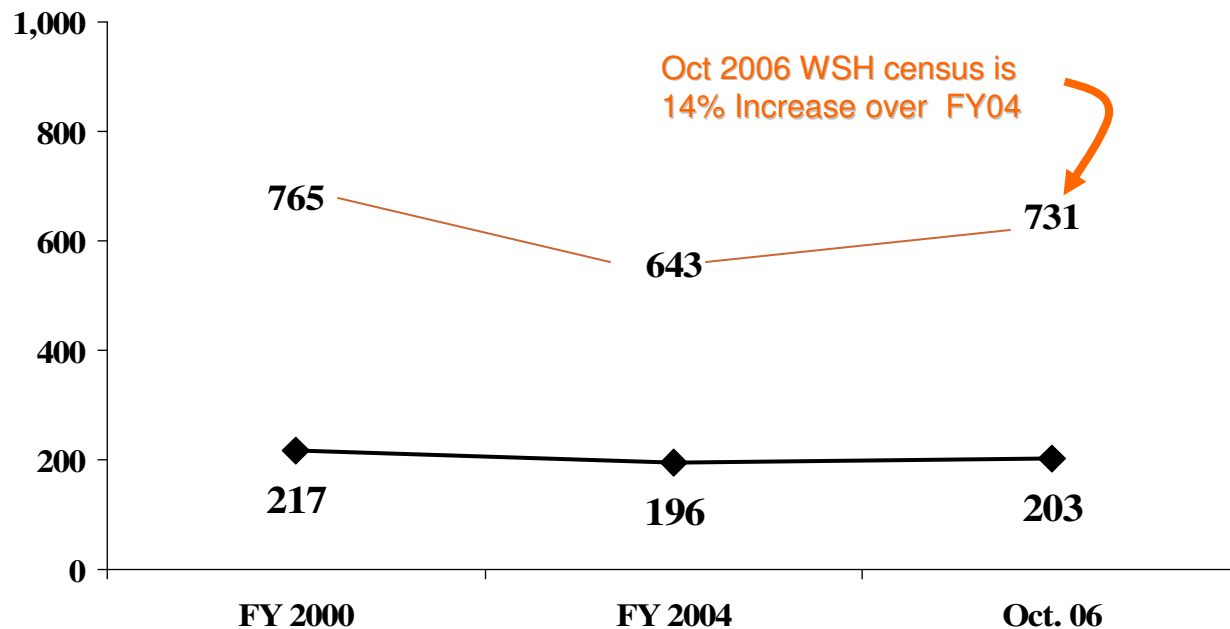
2005

2006



Part 2: State Hospital Changes (cont'd)

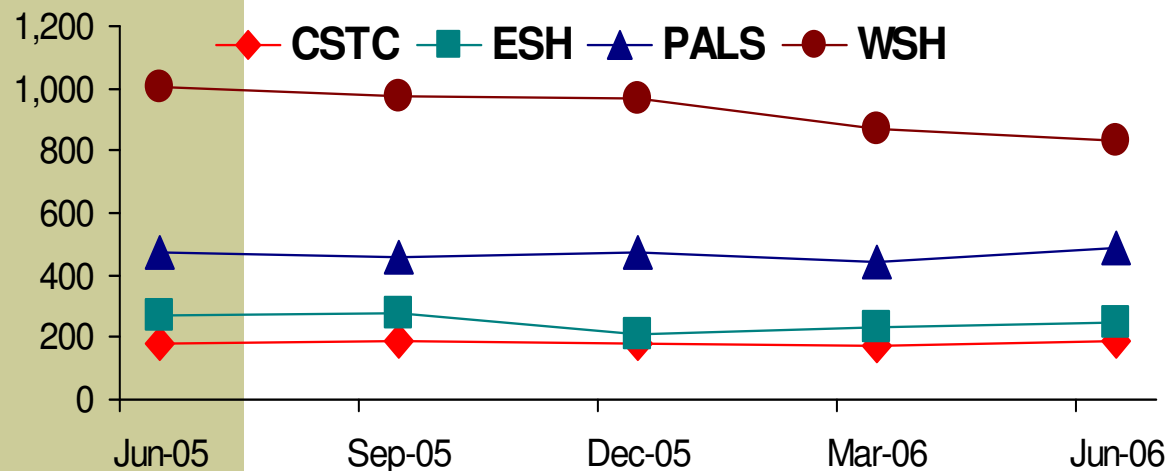
State Hospital Census Trends



Objective: Patient Care is Recovery Based and Non-coercive

State Hospital Average Length of Stay for In-Resident Civil Population

**Average Length Of Stay for In-Resident
Civil Population**



Analysis

- Western average length of stay is 4 times the other hospitals
- Average LOS is slowly declining at Western State Hospital
- Eastern state hospital's stays may be shorter because it houses more 72 hour and 14-day ITA commitments

	Jun-05	Sep-05	Dec-05	Mar-06	Jun-06
◆ CSTC	179	187	177	170	186
■ ESH	272	278	211	230	250
▲ PALS	472	457	471	445	485
● WSH	1,008	973	970	871	836

Part 2: Key Provisions (cont'd)

Community Based Care

- Re-states Leg. intent for services to be provided in the community
- Requires RSN to ensure discharge of state hospital patients who no longer require inpatient care
- Raises RSN requirement to manage short term detentions locally from 85-90%
- By January 2008, requires RSNs to pay for individuals at PALS



Part 2: Key Provisions (cont'd)

Community Based Care (cont'd)

- Funding for PACT & other Expanded Community Services
 - Development funds FY 07
 - Operational Funds FY 08
- Long Term Planning- Consultant Contracts
 - Benefits Package/ Rates (TRIWEST)
 - Involuntary Treatment Act (TRIWEST)
 - Mental Health Housing Plan (Common Ground)
 - External Utilization Review (Re-issue RFP)



Part 3: STI Implementation

Process

- Consultants For Each Project Initiative
- Standing Representative Task Force
 - 35-40 members from variety of interested parties
 - Monthly meetings beginning in Oct 06
 - Consumer, family, and advocate representatives
 - Focus groups as needed
- Community Forums
 - 2-3 large forums (approx 150 people) over the next 9 months
 - 1st forum scheduled for November 15, 2006
 - Stipends for up to 40 consumers, family, and advocate representatives



Part 3: STI Implementation (cont'd)

Values

- Participatory Process
- Recovery Oriented
- Evidence Based & Promising Practices/
Cultural Relevance
- Consumer Preferences
- Build on Strengths
- Work within Existing Resources
- Local Governance
- Strive For Consensus
- Address Needs of All Ages



Part 3: STI Implementation (cont'd)

Consultants

- PACT- WIMIRT (Contract Started Oct 2006)
- Benefits Package- TRIWEST (Contract starts Nov. 2006)
- ITA- TRIWEST (Contract starts Nov. 2006)
- Housing Plan- Common Ground (Contract starts Nov. 2006)
- UR- Re-issue RFP with expected contract mid to late December 2006



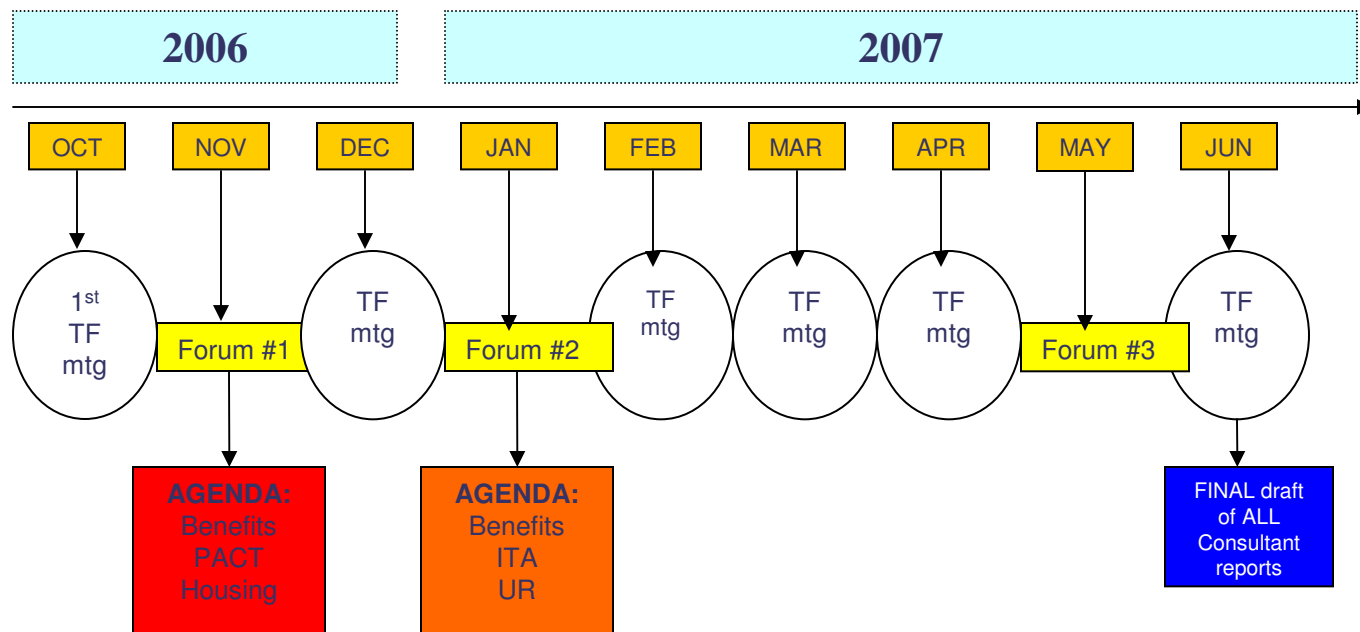
Part 3: STI Implementation (cont'd)

Role & Expectations of the Task Force members

- Share information regarding STI implementation
- Consistent attendance and participation
- Provide input & shape implementation activities
- Provide input on consultant activities and reports
- Provide input to HRSA/MHD leadership on consultant recommendations
- Communicate back to communities



STI Task Force & Community Forum Timeline



Part 3: STI Implementation (cont'd)

Role of the Community Forums

- Involve and inform a broad network of stakeholders
- Brainstorm ideas and strategies for Task Force/Consultant consideration



Part 3: STI Implementation (cont'd)

Community Forums

- Plan for November 15th Community Forum (see agenda for later review)
- Overview of Forum process and facilitator roles
- Review of Forum invitation list



Part 4: Community Resources

Program of Assertive Community Treatment (PACT)

What is PACT?

- An evidence-based practice (EBP) for adults with severe and persistent mental illness
- A team-based approach in providing treatment, rehabilitation, and support within the community
- Focus is on working collaboratively with the consumer to address the full range of their biopsychosocial needs



Part 4: Community Resources (Cont'd)

For Whom is PACT?

- Severe and persistent mental illness
 - ✓ Priority typically given to schizophrenia-spectrum disorders and bipolar disorder)
- Significant functional impairments
 - ✓ e.g., difficulty with maintaining employment and/or housing, meeting medical or nutritional needs
- Continuous high service needs
 - ✓ e.g., high use of inpatient or ER services, long duration of substance use, criminal justice involvement



Part 4: Community Resources (cont'd)

How is PACT different from other service models?

- Multidisciplinary staffing
- Team-based approach
- Primary provider of services (vs. brokering)
- Low staff-to-client ratio (1:10)
- Services available 24/7
- Outreach-focused (75%+ services delivered outside of the office)
- Ongoing services to support recovery
- Individualized approach directed to consumer needs



Part 4: Community Resources (cont'd)

PACT Recommended Clinical Staffing per National Standards

Position	Urban (Serves 100-120)	Rural (Serves 42-50)
Team Leader	1 FTE	1 FTE
Psychiatrist	16 hours for every 50 clients	16 hours for every 50 clients
Registered Nurse	5 FTE or at least 3 FTE	2 FTE
Peer Specialist	1 FTE	1 FTE
Master's Level	4 FTE	2 FTE
Other Level	1-3 FTE	1.5 – 2.5 FTE

Note: 1 or more members expected to have training and experience in vocational and substance abuse services

Source: National Program Standards for ACT Teams; Deborah Allness M.S.S.W & William Knoedler, M.D.; June 2003



Part 4: Community Resources (cont'd)

What types of services are provided by PACT Teams?

• Service Coordination	• Activities of Daily Living
• Crisis Assessment & Intervention	• Social/Interpersonal Relationship
• Symptom Assessment & Management	• Leisure Time Skill Training
• Medication (Prescript., Admin., & Monitoring)	• Peer Support
• Substance Abuse Services	• Education & Support to Families/Others
• Work Related Services	• Other Support Services



Part 4: Community Resources (cont'd)

PACT Keys to Success

- 90 percent+ fidelity (external fidelity reviews)
- Treatment plans are client centered
- Services are recovery oriented
- Non-coercive and non-paternalistic
- Incorporate EBPs and promising practices into individualized service planning
- Cultural competency



Part 4: Community Resources (cont'd)

PACT Outcomes Considered

- Consumer Satisfaction
- State Hospital Utilization
- Community Inpatient Utilization
- Crisis Service Utilization
- ER Utilization
- Housing
- Employment
- Arrests and Incarcerations



Part 4: Community Resources

PACT Implementation in Washington State

- \$2.2 million for PACT development/training in FY 07
- \$10.4 Million Per Year to Implement PACT Teams Statewide
- Gradual reduction of recently added state hospital beds



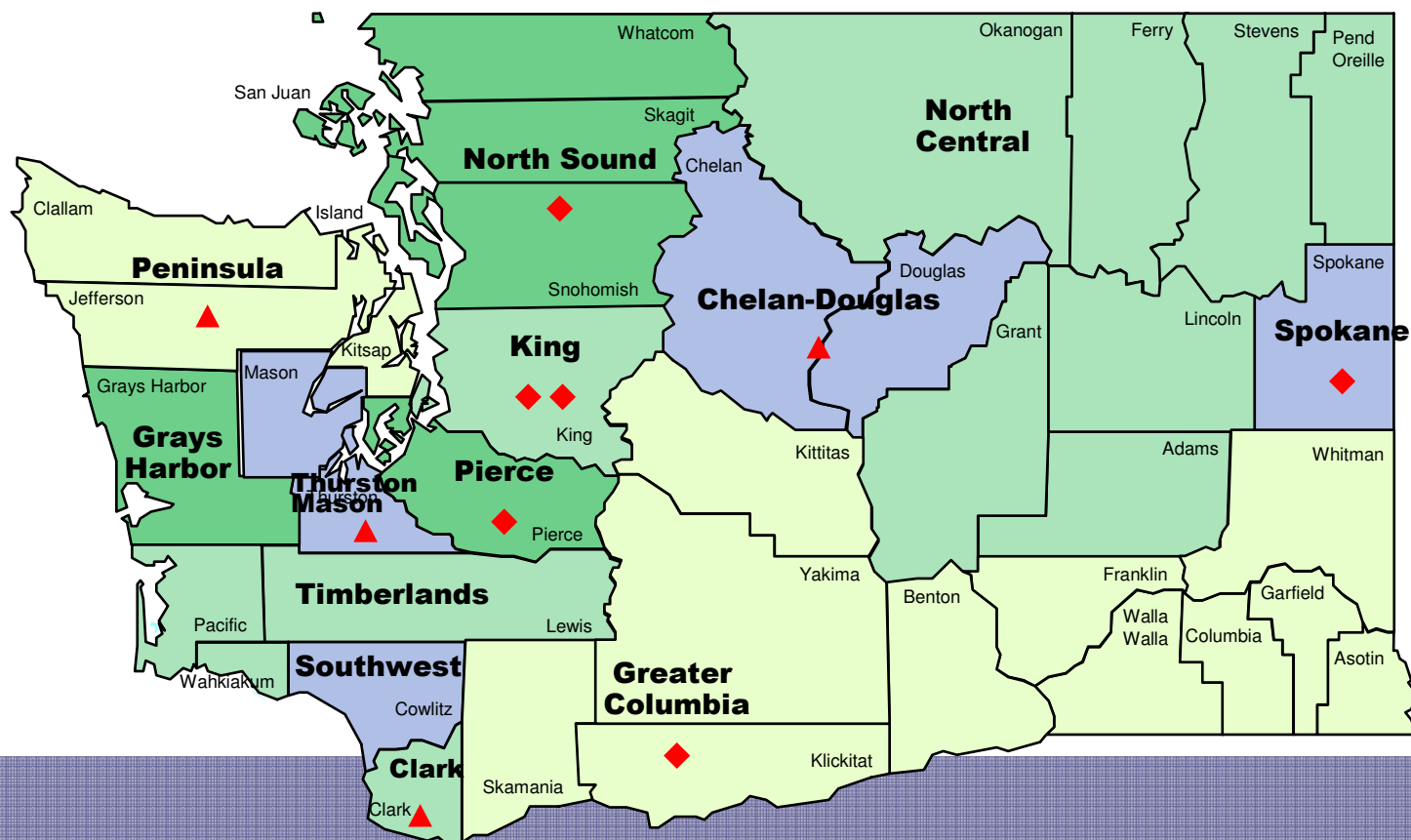
Part 4: Community Resources (cont'd)

13 Regional Support Networks (RSNs)

Effective 9/2006

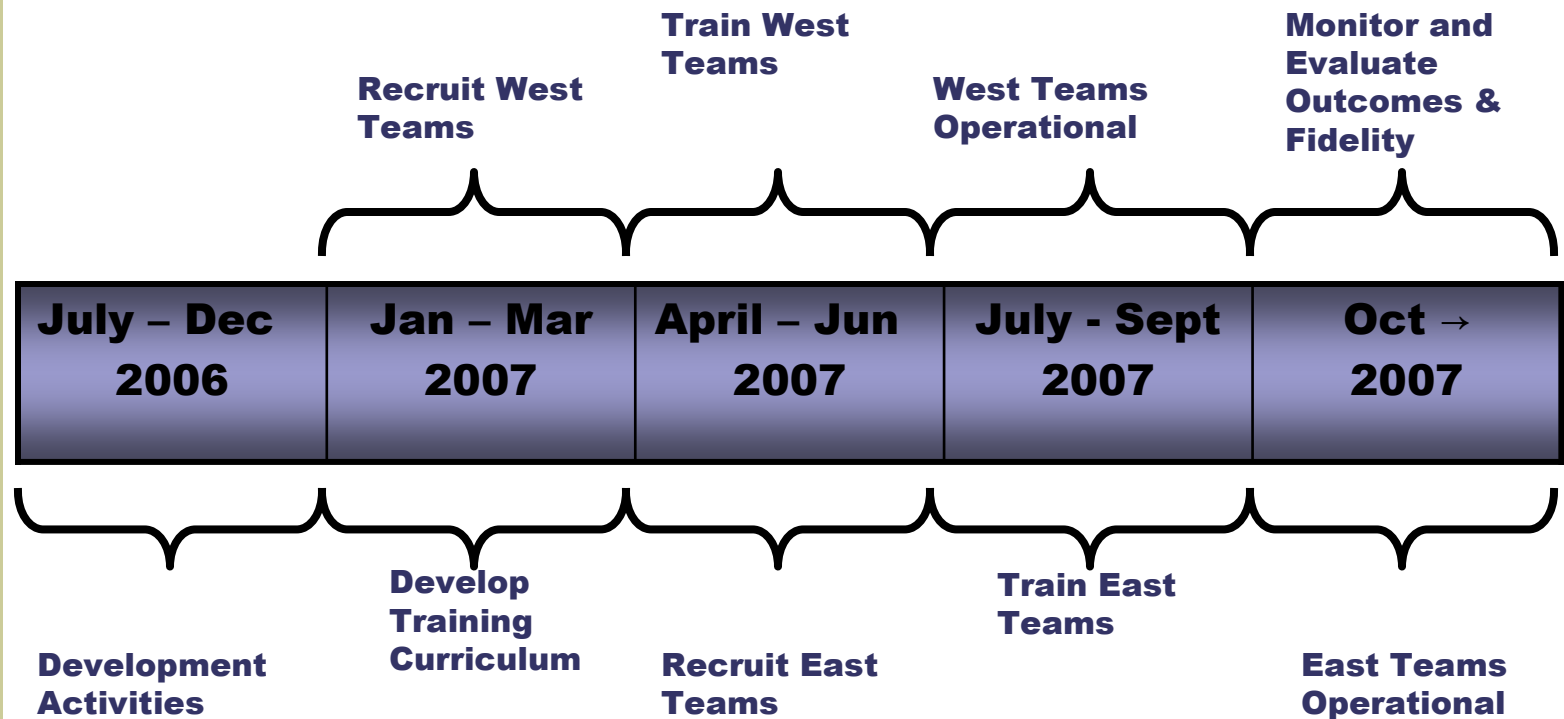
◆ = Full Team

▲ = Half Team



Part 4: Community Resources (cont'd)

PACT Implementation Timeline



Part 4: Community Resources (cont'd)

Brainstorm:

What do we need to do to ensure that the process for developing and implementing PACT teams is complete, thorough, and credible?



Part 4: Community Resources (cont'd)

PACT Questions Considered for November Forum

- What outcomes are most important for PACT?
- What concerns should we be watching for?
- How do we ensure a person-centered, recovery-oriented model within the framework of PACT?



Part 5: MH Benefits Package

FY 07 RSN Funding for Community MH Services

- Medicaid: \$305 million
 - Medicaid Waiver services
 - Access to Care Standards
- State only: \$105 million
 - Individuals and services not covered by RSNs
 - Inpatient and Crisis services required
 - Outpatient & residential within available resources



Part 5: MH Benefits Package

MH Services Included in Current Medicaid Benefits Package

Brief Intervention Treatment	Individual Treatment Services	Rehabilitation Case Management
Crisis Services	Intake Evaluation	Special Population Evaluation
Day Support	Medication Management	Stabilization Services
Family Treatment	Medication Monitoring	Therapeutic Psychoeducation
Freestanding E&T	MH Services Provided in Residential Settings	Supported Employment
Group Treatment Services	Peer Support	Respite Care
High Intensity Treatment	Psychological Assessment	Mental Health Clubhouse



Part 5: MH Benefits Package (cont'd)

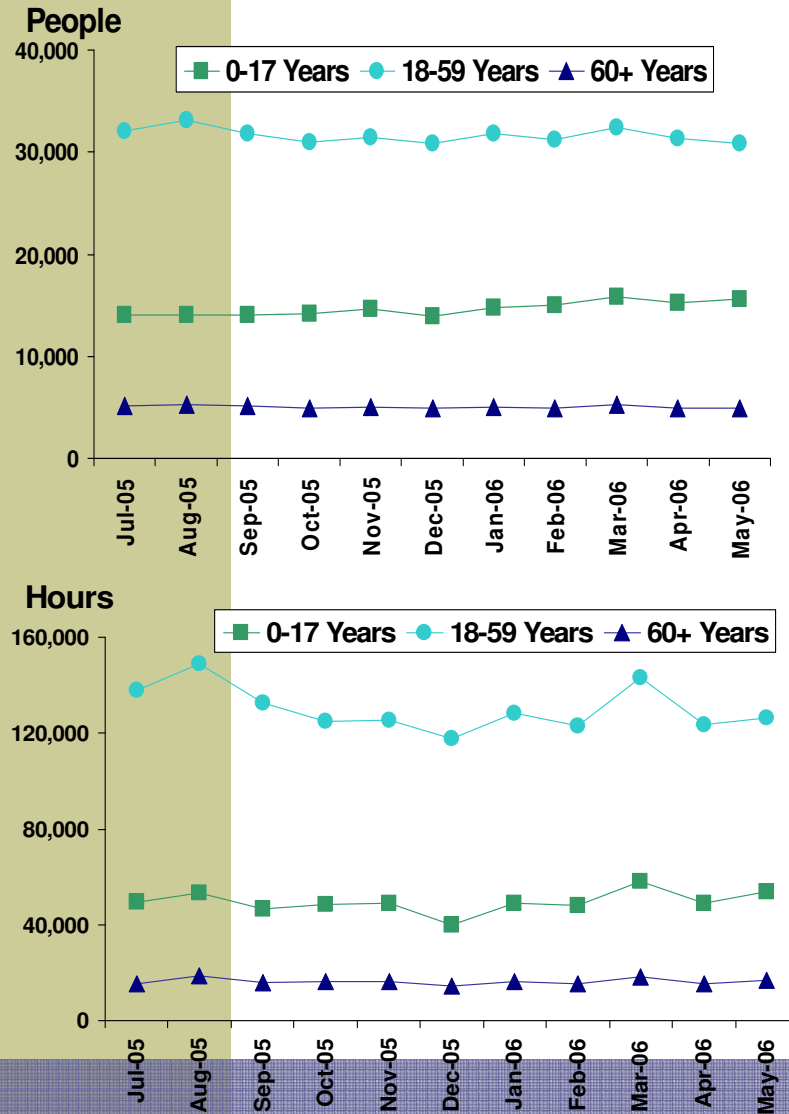
Issues with Current Package

- Crisis oriented verse recovery oriented services
- Consistency and availability of services across RSNs
- Rates



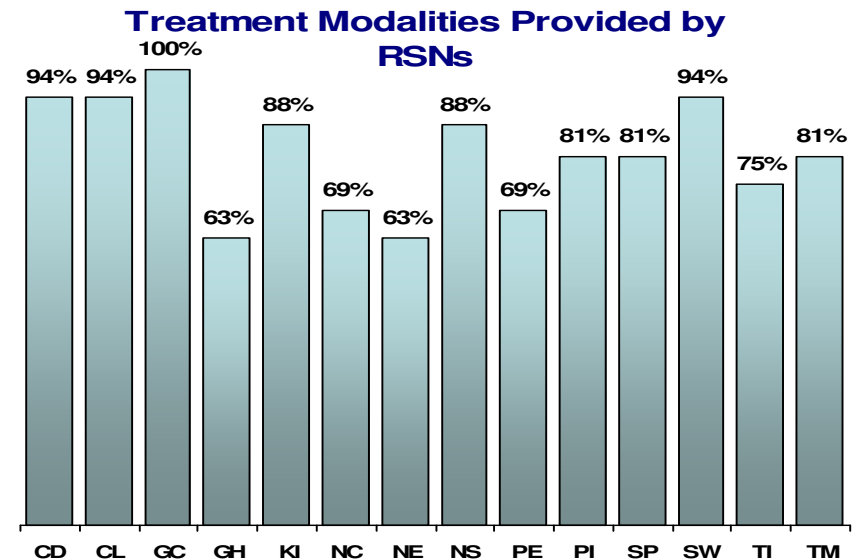
Objective: Care is Recovery Based and Delivered in the Community

Outpatient Services - FY2006



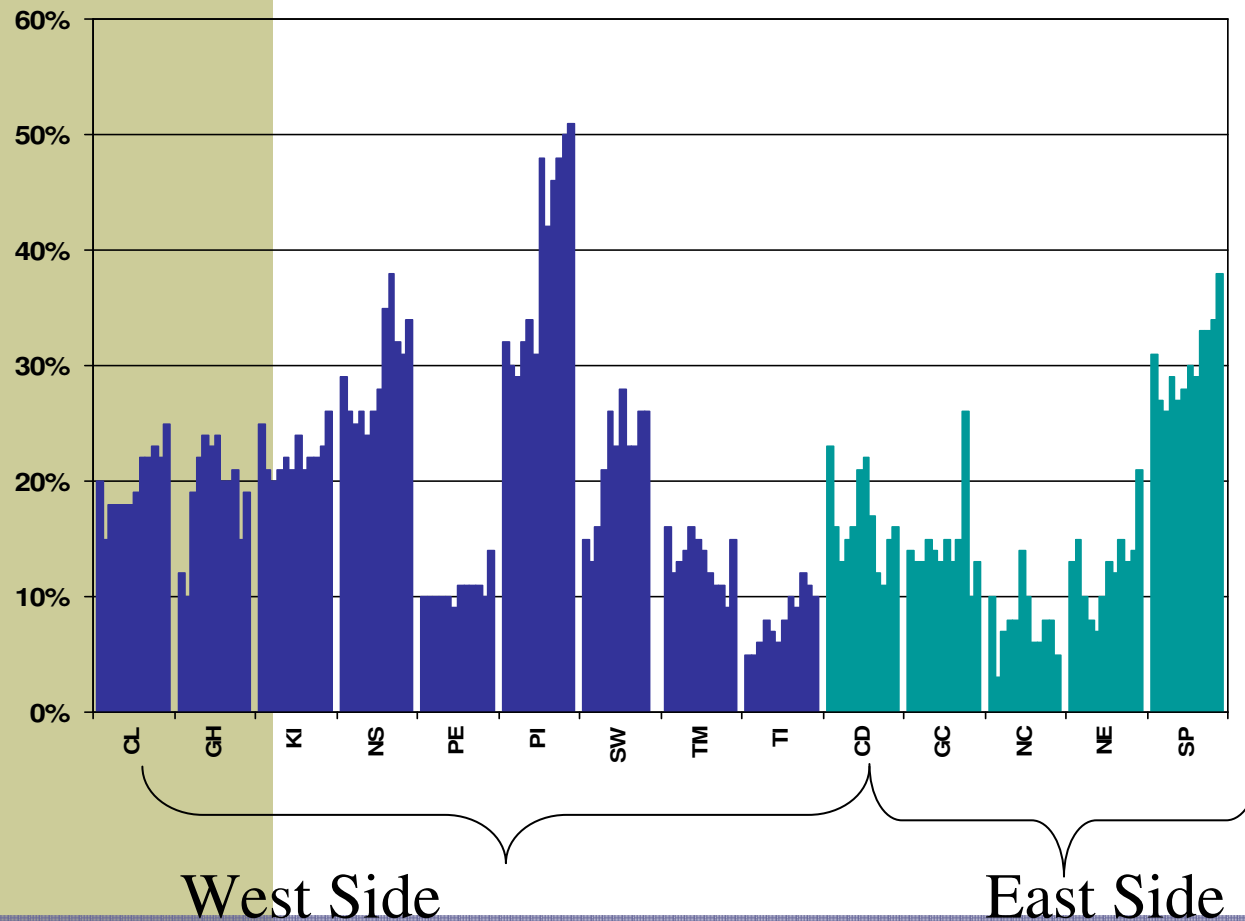
Analysis

- Adults receive the majority of services
- Hours decreasing for adults
- Not all treatment modalities are reported by all RSNs.



Objective: Care is Delivered in the Community

Percentage of Crisis Only Service Hours to Outpatient Service Hours- 2005



Analysis

- The proportion of crisis services delivered varies from 10% to over 50% across the RSN
- For some RSNs, crisis services are the predominate service being delivered.
- For 7 RSNs this trend is increasing
- Reporting may have been inflated in the last half of 2005 because state only funding was prioritized for crisis services

Part 5: MH Benefits Package (cont'd)

Scope of Planning Activities

- Review current menu of required clinical services and supports
- Identify EBPs & Promising Practices for inclusion
- Consider cultural relevance issues
- Develop rate methodology
- Prioritize new benefits menu within allocated resources
- Identify new services to add if additional funding was available



Part 5: MH Benefits Package (cont'd)

Expected Benefits

- Recovery oriented benefits design
- Transparent rate structure
- Prioritize EBPs & Promising Practices / culturally relevant
- More efficient use of service dollars



Part 5: MH Benefits Package (cont'd)

Brainstorm:

What do we need to do to ensure that the process for the redesigning the Benefits Package is complete, thorough, and credible?



Part 5: MH Benefits Package (cont'd)

Benefits Package Questions Considered for November Forum

- What five services are most supportive of recovery/resiliency? (Which benefits do you want to keep?)
- What five services are least supportive?
- What services are missing?



Part 6: State MH Housing Plan

Scope of Planning Activities

- Review RSN housing collaboration plans
- Identify best practices and areas of need
- Develop guidelines for future RSN contracts
- Technical assistance



Part 6: State MH Housing Plan (cont'd)

Expected Benefits

- Improve collaboration with existing planning groups
- Prioritize independent housing which supports recovery
- Increase access to available housing stock by leveraging PACT & ECS services
- Action plan for further housing development



Part 6: Housing Plan (cont'd)

Brainstorm:

What do we need to do to ensure that the process for developing a Mental Health Housing Plan is complete, thorough, and credible?



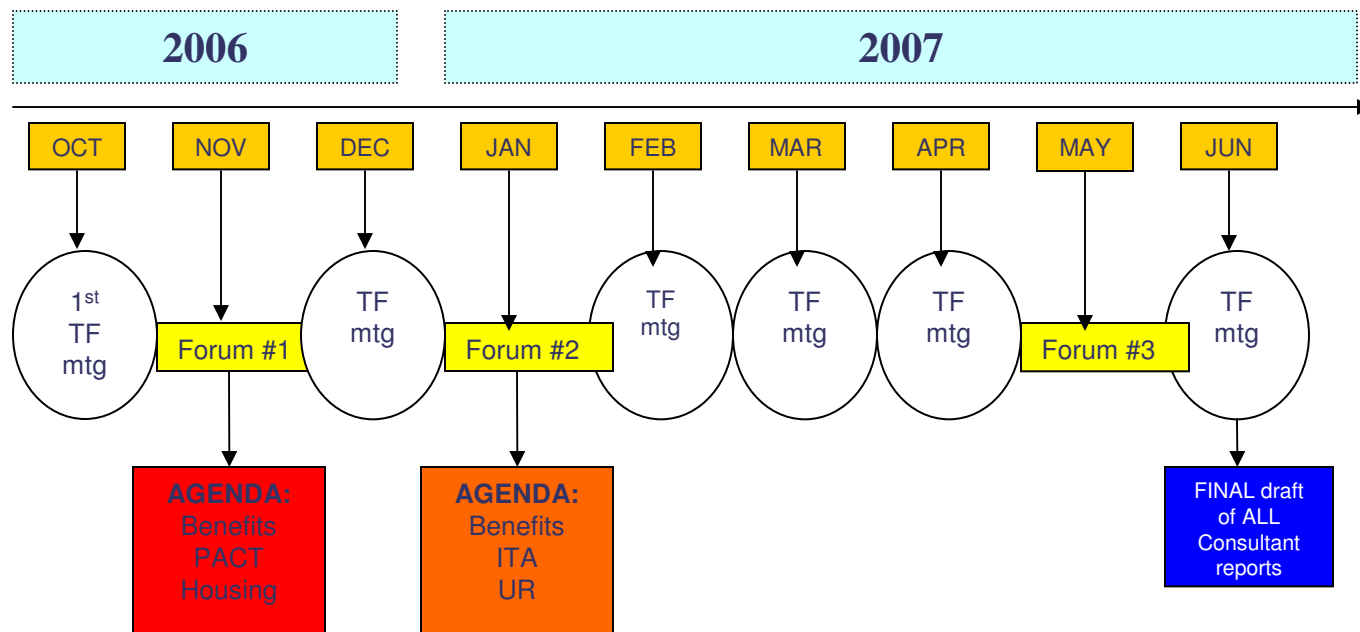
Part 5: Housing Plan (cont'd)

Housing Plan Questions Considered for November Forum

- What housing models support recovery?
- What would you change to make the housing models more person-centered and recovery-oriented?
- What housing outcomes should the system measure?



STI Task Force & Community Forum Timeline



Part 6: Wrap Up

- Review of November Forum agenda
- Forum table facilitators sign up
- Focus groups sign up
- Comments regarding the meeting & process

